

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001780

AMENDED

Registration District No.

149  
FILED JAN 18 1962

Primary Registration District No.

1002

Registrar's No.

E

80

STATE FILE NUMBER

## 1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN Kansas City

Length of stay in 1b

37 Yrs

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jackson

c. CITY

OR  
TOWN Kansas City

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION Doctors Hospital

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS  
2400 E. 58 st.

Reside on Farm

Yes ☐ No ☒

## 3. NAME OF DECEASED

(Type or print)

First  
FRANK

Middle

W.

Last

JOHNSON SR.

4. DATE

OF  
DEATH

Month

January

Day

6

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

## 8. DATE OF BIRTH

3/15/01

## 9. AGE (last birthday)

60 Yrs.

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Auto-repair

## 10b. KIND OF BUSINESS OR INDUSTRY

Garage

## 11. BIRTHPLACE (City and state or country)

Howard Kansas

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Newt Johnson

## 13b. MOTHER'S MAIDEN NAME

Mary Dyer

## 14. NAME OF HUSBAND OR WIFE

Opal M. Johnson

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No.

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Mrs Opal M. Johnson

Address  
2400 E. 58th.

K.C. Mo.

## 18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

DUE TO (c)

Myocardial failure  
Septis and Toxemia  
Lobar pneumoniaINTERVAL BETWEEN  
ONSET AND DEATH

5 Days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY

PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

## 20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

## 20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

Jan 3-1962

to Jan 6 1962

and last saw him alive on Jan 6-1962

Death occurred at

11:40 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

A. B. Boyer D.O.

## 22b. ADDRESS

5529 Troost K.C. Mo.

## 22c. DATE SIGNED

1/7/62

## 23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

## 23b. DATE

1/9/1962

## 23c. NAME OF CEMETERY OR CREMATORY

Floral Hills

## 23d. LOCATION (City, town, or county)

Kansas City

## 23e. STATE

Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

K.C.

## 25. DATE RECD. BY LOCAL REG.

1-8-62

## 26. REGISTRAR'S SIGNATURE

Ruth Long

Floral Hills Mem. Chapels Inc. Mo.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Boyer

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. M. Jordan

Licensed Embalmer No. 3453

P. O. Address H. E. Han

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.